



State of California

This form will be the basic record of YOUR ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES THAT EXCEED \$100.00.** Please read the **INSTRUCTIONS** on the back before completing this form. **PLEASE PRINT OR TYPE.** Return this form to:

(916) 654-7041 / fax (916) 654-9211  
EMPLOYMENT DEVELOPMENT DEPARTMENT  
ACCOUNT SERVICES GROUP, MIC 28  
P.O. BOX 826880  
SACRAMENTO CA 94280-0001

## REGISTRATION FORM FOR EMPLOYERS DEPOSITING ONLY PERSONAL INCOME TAX WITHHOLDING

D E P T U S E	ACCOUNT NUMBER	QUARTER	ETCSO	FED CODE	ON-LINE PROCESS DATE	TAS CODE

<b>A. BUSINESS NAME</b>		<b>OWNERSHIP BEGAN OPERATING</b> MONTH: DAY: YEAR:		<b>FEDERAL I.D. NUMBER</b>
<b>B. OWNER, CORPORATION, OR LIMITED LIABILITY COMPANY (LLC) NAME</b>		SSA NO./CORP/OR LLC I.D. NO.		<b>DRIVER'S LICENSE NUMBER</b>
List all partners, corporate officers or LLC members, managers or officers, etc.*	<b>TITLE</b> (partner, officer, LLC member, LLC manager)	<b>SOCIAL SECURITY NUMBER</b>		<b>DRIVER'S LICENSE NUMBER</b>

\*If entity is a **Limited Partnership**, indicate General Partners with an (\*). If needed, list additional partners, LLC members or officers on a separate sheet.

<b>C. BUSINESS LOCATION</b> Street and Number (see instructions)		<b>CITY OR TOWN</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>COUNTY</b>
FAX NUMBER:		E-MAIL ADDRESS:			
MAILING ADDRESS (in care of P.O. Box or Street and Number)		<b>CITY OR TOWN</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>PHONE NUMBER</b> ( )
<b>D. HAVE YOU EVER BEEN REGISTERED WITH THE DEPARTMENT?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS</b> ACCOUNT NUMBER BUSINESS NAME ADDRESS			

<b>E. INDICATE FIRST QUARTER AND YEAR IN WHICH INCOME TAX IS WITHHELD.</b> <input type="checkbox"/> Jan.-Mar. 20__ <input type="checkbox"/> Apr.-June 20__ <input type="checkbox"/> July-Sept. 20__ <input type="checkbox"/> Oct.-Dec. 20__	<b>F. WILL YOU BE SUBJECT TO FEDERAL MONTHLY/SEMI-WEEKLY DEPOSITS?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
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<b>G. ORGANIZATION TYPE</b>			
<input type="checkbox"/> (IN) Individual Owner	<input type="checkbox"/> (JV) Joint Venture	<input type="checkbox"/> (LQ) Liquidation	<input type="checkbox"/> (LLC) Limited Liability Company
<input type="checkbox"/> (HW) Hus/Wife Co-Ownership	<input type="checkbox"/> (RC) Receivership	<input type="checkbox"/> (LP) Limited Partnership	<input type="checkbox"/> (GO) Governmental
<input type="checkbox"/> (GP) General Partnership	<input type="checkbox"/> (BK) Bankruptcy	<input type="checkbox"/> (TR) Trusteeship	<input type="checkbox"/> (SD) School District
<input type="checkbox"/> (CP) Corporation	<input type="checkbox"/> (AS) Association	<input type="checkbox"/> (EA) Estate Administration	<input type="checkbox"/> (OT) Other (specify) _____
<b>H. EMPLOYER TYPE:</b>			<b>NUMBER OF EMPLOYEES</b>
<input type="checkbox"/> (01) Commercial	<input type="checkbox"/> (04) Non Profit School	<input type="checkbox"/> (09) Agriculture	<input type="checkbox"/> (20) Red Cross
<input type="checkbox"/> (02) Non Profit	<input type="checkbox"/> (07) Public School	<input type="checkbox"/> (10) Church or Religious Orders	<input type="checkbox"/> (21) Public Entity
<input type="checkbox"/> (03) Non Profit 501 C3	<input type="checkbox"/> (08) District Hospital	<input type="checkbox"/> (12) Annuitant Payer	<input type="checkbox"/> (28) State Hospital
			<input type="checkbox"/> (32) Pay Agent (SEE ADDITIONAL INSTRUCTIONS ON BACK)

<b>I. BUSINESS TYPE:</b>		1) Please describe the type of product or service your company provides:
<input type="checkbox"/> (81) Other Services (Not Public Admin.)	<input type="checkbox"/> (51) Publication & Communication	
<input type="checkbox"/> (48) Transportation & Warehousing	<input type="checkbox"/> (42) Wholesale Trade	2) If MANUFACTURING, please provide a detailed description of your products and their production processes:
<input type="checkbox"/> (72) Accommodation & Food Services	<input type="checkbox"/> (52) Finance & Insurance	
<input type="checkbox"/> (55) Management of Companies & Enterprises	<input type="checkbox"/> (31) Manufacturing	
<input type="checkbox"/> (54) Professional, Scientific & Technical Services	<input type="checkbox"/> (61) Educational Services	
<input type="checkbox"/> (56) Administrative & Support, Waste Management & Remediation	<input type="checkbox"/> (92) Public Administration	
<input type="checkbox"/> (11) Forestry, Fishing & Hunting	<input type="checkbox"/> (21) Mining	
<input type="checkbox"/> (62) Health Care & Social Assistance	<input type="checkbox"/> (22) Utilities	
<input type="checkbox"/> (53) Real Estate, Rental & Leasing	<input type="checkbox"/> (23) Construction	
<input type="checkbox"/> (71) Arts, Entertainment & Recreation	<input type="checkbox"/> (44) Retail Trade	

<b>J. CONTACT PERSON FOR BUSINESS</b>	<b>NAME</b>	<b>TITLE</b>	<b>ADDRESS</b>	<b>PHONE</b> ( )
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<b>K. Is this a(n):</b> <input type="checkbox"/> New business <input type="checkbox"/> On-going business just purchased ( <input type="checkbox"/> All <input type="checkbox"/> Part) <input type="checkbox"/> Other _____			
<input type="checkbox"/> Change of partner(s) <input type="checkbox"/> Change in form - (Sole proprietor to partnership; partnership to corporation; partnership to LLC merger; etc.)			
IF THE BUSINESS WAS PREVIOUSLY OWNED, PROVIDE THE FOLLOWING INFORMATION:			
Previous Owner	Business Name	Purchase Price	Date of Transfer EDD Account Number

<b>L. DECLARATION</b> These Statements are hereby declared to be correct to the best knowledge and belief of the undersigned.			
Signature _____		Date _____ Residence Phone ( ) _____	
Title _____		Residence Address _____	
(Owner, Partner, Corporate Officer, LLC Member, LLC Officer, etc.)		Street	City State ZIP Code

# INSTRUCTIONS FOR DE 1P REGISTRATION FORM FOR EMPLOYERS DEPOSITING ONLY PERSONAL INCOME TAX WITHHOLDING

An employer depositing Personal Income Tax (PIT) only should file a registration form with the Employment Development Department (EDD) within **fifteen (15) calendar days** after withholding PIT from the wages of employees **and** whenever a change in ownership occurs thereafter. Please complete all items on the front of this DE 1P and mail to the address shown on the front of this form.

- A. BUSINESS NAME** – Give the name by which your business is known to the public. Enter "None" if no business name is used. Enter the date the new ownership began operating. Enter Federal Employer Identification Number(s) (FEIN). If you have not received your FEIN, enter "Applied For."
- B. OWNER, CORPORATION, OR LIMITED LIABILITY COMPANY (LLC) NAME** – Enter the full given name, middle initial, surname, title, social security account number, and driver's license number for each individual, partner, corporate officer, LLC member LLC officer, LLC manager, etc. If the business is a corporation or LLC, enter the name exactly as spelled and registered with the Secretary of State and include the corporate, or LLC (Secretary of State) identification number.
- C. BUSINESS LOCATION** – Enter the California address and county where the business in Item A is physically conducted. If more than one California location, list on a separate sheet and attach to this form. Enter the address where EDD correspondence and forms should be sent. If this address is the same as the business location, enter "Same." Provide daytime business phone number, FAX number and E-mail address for the ownership in item B.
- D. PRIOR REGISTRATION** – If any of the owners in Item B is operating or has ever operated at another location, check "Yes" and provide account number, business name and address. If more than one account number, list on separate sheet.
- E. FIRST QUARTER PIT WITHHELD** – Check the appropriate box when you first withheld PIT.
- F. PIT WITHHOLDING** – Check the appropriate box. If you are not sure if you are subject to federal monthly/semi-weekly deposits, contact an Employment Tax Customer Service Representative at 1-888-745-3886.
- G. ORGANIZATION TYPE** – Check the box that best describes the legal form of the ownership in Item B.
- H. EMPLOYER TYPE** – Check the box that best describes your employer type. Enter total number of employees for the ownership in Item B. If you marked Pay Agent as the Employer Type, attach a list of the subsidiary accounts whose PIT wages and withholdings will be reported and paid under this account number (include the subsidiary's business name, EDD account number, contact person and telephone number). Be sure to attach a completed Employer Appointment of Agent Contract (DE 39) for each employer account listed.
- I. BUSINESS TYPE** – Check the box that best describes your business type. Describe the product or the service offered in detail. This information is used to assign an industrial classification code to your business. The codes allow EDD to report important trends in California's economy.
- J. CONTACT PERSON** – Enter the name, title, and phone number of the person authorized by the ownership shown in Item B to provide information to EDD staff.
- K. STATUS OF BUSINESS** – Check the box that best describes why you are completing this form. If the business was previously owned, provide owner and business name, purchase price, date ownership was transferred to this ownership and EDD account number.
- L. DECLARATION** – This declaration should be signed by one of the names shown in Item B.

**NEED MORE HELP OR INFORMATION?** Call Account Services Group (ASG) in Sacramento at (916) 654-7041 with questions regarding this form or the registration and account number assignment process. For questions about the Pay Agent accounts, call the Agent Desk at (916) 654-8798. If you have questions about whether your business entity is subject to reporting and paying state payroll taxes, contact the nearest Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory under State Government, Employment Development Department or call an Employment Tax Customer Service Representative at 1-888-745-3886. For TTY (nonverbal) access, call 1-800-547-9565.

Three options for obtaining a new employer account number are available: by mail, by calling (916) 654-8706 to obtain your account number over the phone, or by fax service at (916) 654-9211. All three options require that a registration form be completed and faxed or mailed to: Employment Development Department, Account Services Group, MIC 28, P.O. Box 826880, Sacramento, CA 94280-0001.

We will **notify** you of your **EDD account number** by mail. To help you understand your tax withholding and filing responsibilities you will be sent a **California Employer's Guide, DE 44**. Please keep your account status current by notifying ASG of all future changes to the original registration information.

# I dreamt the government was here to help...

- ***Understand who, what, how, and when to report state employment taxes.***
- ***Avoid common pitfalls and costly mistakes.***
- ***Control unemployment insurance costs.***
- ***Learn the differences between independent contractors and employees.***
- ***Discover services and resources, available at no additional cost.***

Make this dream a reality. Attend an Employment Tax seminar designed especially for employers, sponsored by the Employment Development Department. Please complete and mail the bottom portion of this form to the Employment Development Department, P.O. Box 2068, Rancho Cordova, CA 95741-2068 or fax to (916) 464-3504. We will contact you regarding the date, time, and location of the next seminar.

If you would like more information, please call (916) 464-3502 or visit EDD's Web site at [www.edd.ca.gov](http://www.edd.ca.gov).



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

ZIP Code

Telephone: (      )

FAX: (      )

## **Preferred time and place to attend a seminar:**

Day of week: Mon Tue Wed Thu Fri Sat (circle one)

Time of day: Morning Afternoon Evening (circle one)

Preferred city or area: \_\_\_\_\_

# ***The dream is real.***



EDD is an equal opportunity employer/program. Special requests for accommodation need to be made two weeks prior to the event by calling the above information number.